

Report: Attendance Management. Analysis of 1 April 2018 to 31 March 2019

Table 1: Overall summary position for the Council 01/04/2018 – 01/03/2019

1 April 2018 to 31 March 2019 <i>(2017/2018 in italics)</i>							
Area	Average number of employees	Number of Full-Time Equivalent employees (FTE)	Q1	Q2	Q3	Q4	Cumulative
ENTERPRISE	690.00	301.91	<i>1.64</i> 1.20	<i>1.22</i> 1.92	<i>1.99</i> 1.62	<i>1.89</i> 1.23	<i>(6.53)</i> 5.79
SOCIAL CARE & HEALTH (SCH)	808.00	521.33	<i>3.26</i> 3.74	<i>3.10</i> 3.35	<i>3.58</i> 4.96	<i>4.72</i> 3.86	<i>(14.46)</i> 16.13
SCHOOLS	1671	1083.16	<i>2.05</i> 2.24	<i>1.23</i> 1.43	<i>2.45</i> 2.49	<i>2.91</i> 2.53	<i>(8.83)</i> 8.76
CHILDREN & YOUNG PEOPLE (CYP)	85	62.22	<i>2.59</i> 2.12	<i>2.91</i> 2.77	<i>1.67</i> 1.75	<i>1.52</i> 1.72	<i>(8.69)</i> 9.30
SENIOR LEADERSHIP UNIT (SLU)	15	13.3	<i>0.23</i> 3.38	<i>0.00</i> 1.67	<i>1.42</i> 1.8	<i>4.59</i> 2.57	<i>(6.24)</i> 7.54
OPERATIONS	544.00	403.04	<i>3.48</i> 4.42	<i>3.96</i> 4.16	<i>4.59</i> 3.75	<i>3.80</i> 3.88	<i>(15.48)</i> 16.91
RESOURCES	172.00	148.23	<i>1.70</i> 1.99	<i>1.80</i> 1.68	<i>1.96</i> 2.03	<i>2.16</i> 1.47	<i>(8.12)</i> 6.96
WHOLE AUTHORITY	3986.00	2534.19	<i>2.46</i>	<i>2.12</i>	<i>2.94</i>	<i>3.29</i>	<i>(10.81)</i> 11.20

Table 1 provides the end of year out turns for days lost (due to sickness) per full time equivalent employee (FTE) for 2018/2019 for the whole authority and for Enterprise, SCH, CYP, Schools, SLU, Operation and Resources. For comparison, the out turns for 2017/2018 are provided in red italics. The overall out turn for 2017/2018 was 10.81 days compared with 11.20 days in 2018/2019 which is an increase overall of 0.39 days lost per FTE employee.

The out turns for Schools, Enterprise and Resources were below 10.5 days with 8.76, 5.75 and 6.96 days lost per FTE employee respectively. Schools had a year on year level out turn but Enterprise and Resources showed a marginal improvement year on year. Schools and Enterprise represent 59 % of the Council’s total workforce therefore the relatively low levels of absence compared with other areas make a substantial contribution to the overall figures for the Council.

SCH and Operations out turns are 16.13 and 16.91 days lost per FTE employee respectively - both representing year on year increases of 1.67 days and 1.43 days respectively.

SCH had previously made some year on year improvements since 2015/2016 when the out turn was 19.48 days lost per FTE. The improvements were largely in Children’s Services attendance which is shown below set against Adult Services totals. Whilst in SCH generally there would be an expectation of higher sickness levels due to the types of jobs roles and associated emotional labour contributory factors, given that the overall increase for the directorate is largely due to 1.55 day increase per FTE in Adult Services further analysis is required to understand the background to the increase. Again for Operations, whilst there is an expectation that the sickness absence levels will be higher due to the types of job roles, 2015/16 figures show that 11.98 days lost per FTE was achieved. However, the service area has seen a consistent upward trend since that time.

Summary of Working Days Lost per FTE employee (in the highest absence areas):

YEAR	ADULT SERVICES, SCH Directorate	CHILDREN’S SERVICES, SCH Directorate	OPERATIONS, Enterprise Directorate
2015/2016	19.21 days	23.38 days	11.98 days
2016/2017	17.69 days	10.45 days	15.44 days
2017/2018	17.66 days	10.85 days	15.84 days
2018/2019	19.21 days	10.38 days	16.91 days

The combined FTE for SCH and Operations represents 34% of the Council’s workforce and therefore, it is important that there continues to be an attendance and well-being focus in these areas to understand 1) the factors that may be contributing to the higher levels of absence and 2) the relevant interventions that can be implemented.

Table 2: Top three reasons for absence by percentage of working days lost

Top three categories for reasons for sickness absence and percentages 2018/2019			
Enterprise	21% Mental ill health	18% Serious illness	11% Infection 11% Hospitalisation
SCH	24% Mental ill health	16% Infection	11% Hospitalisation
Schools	18% Mental ill health 18% Infection	12% Pre-existing condition	9% Hospitalisation 8% Gastro Intestinal
CYP	33% Serious illness	20% Mental ill health	15% Infection 9% Gastro Intestinal
SLU	27% Mental ill health 27% Serious illness	NA	NA
Operations	24% Mental ill health	12% Back, neck and shoulder pain 12% Musculoskeletal 12% Pre-existing condition	9% Hospitalisation
Resources	18% Mental ill health 18% Breaks & Fractures	15% Hospitalisation	13% Serious illness
Whole Authority	22% Mental ill health	14% Infection	10% Hospitalisation 9% Pre-existing condition

Table 2 shows the top three reasons by directorate and for the whole authority in terms of the percentage of working days lost. The 12 sickness absence categories used in MCC are as follows:

Back, neck and shoulder pain	Breaks/Fractures	Cardiovascular
Gastro Intestinal	Hospitalisation	Infection
Migraine/Headaches	Muscular Skeletal	Pre-existing condition
Respiratory	Serious illness	Mental ill health (anxiety/stress/depression)

Mental ill health: The percentage of all absence associated with mental ill health represents the top reason for the Council in terms of working days lost at 22%. However, there has been a reduction not only as a percentage but in working days lost compared with 2017/2018 (see below). The number of working days lost to this condition has fallen year on year since 2016/2017 but remains high in comparison with 2014/2015 levels. It is recognised that employees may be experiencing more mental ill health and/or that they are more inclined to report their mental health problems rather than providing an alternative reason for absence. There is variation across the directorates/areas ranging from 18% to 27% and whilst it is important to acknowledge at an organisation level that there is a significant number of days lost per FTE employee due to mental health reasons, before any Council wide conclusion is reached, there needs to be an awareness that the factors relating to this type of absence need to be subject to more detailed analysis to inform the relevant interventions that might be applicable to a service/area/school. Relevant intervention may be at the level of the team, where it may be work related or at an individual colleague level where it may be work related but there may be also be personal circumstances that require organisational supportive measures.

2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
5133 days (20%)	6004 days (21%)	7038 (25%)	6813 (31%)	6262 (22%)

Infection: This reason accounts for 14% of the total number of days lost to sickness absence and generally this reason is entered for colds and flu. 70% of it is for short term absence. There has been a year on year reduction in the number of working days lost and the percentage (see below). It should be noted that it features as one of the top reasons in SCH, Schools and Enterprise. However, the latter two areas have relatively low absence compared with Council totals.

2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
3746 days (14%)	3741 days (13%)	4954 (18%)	5037 (18%)	4092 (14%)

Hospitalisation, Serious illness and Pre-existing condition: When hospitalisation, serious illness and pre-existing condition are considered together, they account for 27% of the total number of days lost per FTE. It may be a feature of an ageing work force in areas of the Council. However, it is important that colleagues with pre-existing conditions and/or those experiencing serious illness/hospitalisation are supported to remain in the workplace through reasonable adjustments and where this is not possible are supported to return and sustain their return through effective management intervention and adjustment.

Back, neck and shoulder and musculoskeletal: Whilst these categories are not featuring in the top 3 for overall council totals, 4083 working days were lost and 70% of this is within Operations and SCH at 1662 and 1185 days respectively. It is also contributing mainly as long term sickness absences. Again it can be a feature of an aging workforce and the contributory factors in these directorates may need to be further considered under the operating practices for

manual handling and back care. Along with mental health, muscular skeletal issues form a large percentage of the reason for referral to Occupational Health (see Analysis of OH Support).

STAFF TURNOVER for 2018/19 - 8.73%

Table 3: Long and short term percentages

		Long Term/Short Term absence 2018/2019		
Area	Long Term %	Total Number of days lost due to LT absence	Short Term %	Number of days lost due to ST absence
Enterprise	62	942.60	38	585.01
SCH	68	6099.75	32	2893.40
Schools	60	5699.59	40	3754.23
CYP	60	311.30	40	210.75
SLU	62	375.29	38	225.21
Operations	77	5195.07	23	1536.57
Resources	60	581.50	40	390.24
Whole Authority	67	19,205.10	33	9,595.42

Table 3 shows an analysis of long-term and short-term absence. Total number of days lost due to sickness absence for 2018/19 was 28,800.52. Clearly, long-term absence outweighs short-term with some variation across areas. It is difficult to reach any Council-wide conclusion and it is important to note that further detailed analysis does take place for each directorate/area. Small teams can be greatly affected by one long term sickness situation and each case needs to be treated on an individual basis.

Analysis of Occupational Health support – information provided by MCC’s OH provider

Occupational Health (OH) Information (INSYNC CORPORATE HEALTHCARE)	
QUARTER	INFORMATION
Q1	154 appointments in total:- 129 with OH Adviser; 25 with OH Physician

	<p>Top Reasons for Referral (% of overall reasons for referral):- 43% mental health 33% muscular skeletal</p>
Q2	<p>230 appointments in total:- 194 with OH Adviser; 36 with OH Physician</p> <p>Top Reasons for referral:- 38% mental health 27% muscular skeletal</p>
Q3	<p>115 appointments in total:- 83 with OH Adviser; 32 with OH Physician</p> <p>Top Reasons for referral:- 42% mental health 23% muscular skeletal</p>
Q4	<p>112 appointments in total:- 92 with OH Adviser; 20 with OH Physician</p> <p>Top Reasons for referral:- 34% mental health 28% muscular skeletal</p>

INSYNC - Mental Health Referrals Comparisons				
	Q1	Q2	Q3	Q4
Stress	6%	17%	3%	24%
Stress Work Related	21%	14%	26%	41%
Depression	28%	23%	26%	18%
Depression work related	6%	6%	10%	0%
Anxiety	24%	14%	10%	6%
Anxiety work related	9%	20%	7%	12%

Other mental health	6%	6%	17%	0%
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INSYNC comments: 'The single greatest cause of referral to OH continues to be due to psychological related ill health. It also continues to be MCC's greatest cause for referral, over the year representing 39% of MCC's overall cause for referral.'

All INSYNC's public sector clients continue to reflect psychological health problems as the biggest cause of referral to occupational health. With a range of between 40-55%, the figure for MCC reports as just below the average range, for psychological related health problems.'

Analysis of counselling support - information provided by MCC's external counselling provider

WELLBEING SOLUTIONS	2018/19	2017/18
Total number of employees referred	121 36 Male 85 Female	116 32 Male 84 Female
Employees attending for counselling	99	94
Employees not attending for counselling	22	22
Work related issues	30	27
Work and Personal issues	15	27
Personal issues	54	40
No of hourly sessions	486	483
Number of employees	121	93
No of additional sessions authorised	34	51

Priority Areas & Interventions

(Key Actions highlighted represent new actions in 2018/19)

Priority Area	Reasons	Key Actions
Reduce the levels of sickness absence in Adult Services and Operations	<p>It is acknowledged that these are areas where you would expect higher than average days lost per FTE.</p> <p>Intervention to improve these figures vital to affect overall Council position.</p>	<p>Further exploration in terms of application of the policy and support for managers in these business areas. Key action has been a 6 week (a day a week) placement of a HR Business Partner to provide support on one team within Operations.</p> <p>Provision of data, narrative & discussion at DMT meetings – information cascade.</p> <p>DATA DASHBOARDS – providing quarterly updates for managers.</p>
Reducing absence associated with mental ill –health	<p>High levels of absence due to this reason.</p> <p>To ensure measures in place to support well-being and good mental health</p>	<p>Attendance Management & Wellbeing information standing item of each team’s agenda</p> <p>Via HR Business Partner meetings with managers and head-teachers further promote:</p> <p>1) Attendance Management policy guidance for weaving stress risk assessments into 121s, 2) CICOs 3) team meetings.</p> <p>Create learning networks (to enable peer-to-peer support) via introduction of 1) regular SKYPE meetings for managers and HR Business Partners, 2) HR BLOG to discuss, share & promote best practice.</p> <p>On-going development/improvements to the HUB – for example WELLBEING Page</p> <p>Introduction of a ‘Go To’ group. A group of people to whom colleagues can seek support.</p> <p>Development of interventions associated with an aging workforce. For example menopause support/ menopause cafes/menopause toolkit)</p>

		<p>Access to external confidential counselling service.</p> <p>Access to external confidential counselling services on a self –referral basis.</p> <p>Staff survey</p> <p>Talent LAB - mindfulness, and positive psychology and ‘Let’s Talk about Stress’ and various associated training sessions – plus personal 121 coaching and support (both individual and team basis)</p> <p>Attendance Management policy training sessions. Mandatory training for all managers.</p>
<p>Reducing Muscular-skeletal Disorders</p>	<p>High levels of long term and short term absence.</p> <p>In Operations, 24% of total absence is attributable to muscular-skeletal reasons, (which is same figure as mental health reasons).</p> <p>In SCH Adults Services, 18% of total absence is attributable to muscular skeletal reasons (mental health reasons accounts for 20% of absence)</p>	<p>Manual Handling protocols and training.</p> <p>Actions by managers to help support colleagues who report absence for this reason. Managers to consider proactive actions that can be taken or explored to prevent this type of absence.</p> <p>Consider fast track referral to physiotherapy service.</p>